## 402

## **Alaska Department of Revenue**

Annual I	Declaration	of Antic	cipated	<b>Brewing</b>
Ju	ly 1,	to June	30.	

Federal EIN or SSN			TTB Registry #:							
Principal Name:			DBA (if applicable):							
Mailing Address:			Location Address:							
Mailing City, State, Zip:			Location City, State, Zip:							
☐ This Brewery operation is eligible for a reduced rate of tax as set forth in AS 43.60.010(c) for the following reasons:										
1. The Department of Revenue (DOR), Tax Division has a copy of your <u>most recent</u> Brewer's Report of Operations (TTB F5130.09).										
2. The brewery (is or is not) a member of a controlled group of brewers.										
3. The brewery operates more than one brewery  Yes  No										
4. If you are a member of a controlled group of brewers, or you operate more than one brewery, include a list of the names and addresses of the other brewers and the TTB Registry Number for each. If more space is needed please attach a separate sheet.										
Member Brewery Name (dba)	lember Brewery Name (dba) Physical Address		City	State	TTB Registry No.					
☐ This Brewery is no longer eligible for a reduced rate of tax as set forth in AS 43.60.010(c) for the following reasons:										
Yes No This brewery has exceeded the 2 million barrel limit as set forth in 26 USC 5051(a)(2)										
Yes No This brewery is no longer in business.										
will inform the Department of Revenue and all of my distributors if and when the first 60,000 barrels of production have been sold or consigned in Alaska at the reduced tax rate during this fiscal year.										
declare under penalty of perjury that this notice has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.										
Signature			Date							
Name			Title							

 website:
 www.tax.alaska.gov

 email:
 dor.tax.alcohol@alaska.gov

Mail to: ALASKA DEPARTMENT OF REVENUE - TAX DIVISION 550 W 7TH AVE STE 500
ANCHORAGE AK 99501-3555

Telephone 907-269-6620 Fax 907-269-6644